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ABSTRACT

This one-page abstract summarizes "The Miller Assessment for Preschoolers: A Longitudinal and Predictive Study" by Lucy Miller, which examined the predictive validity of an early childhood screening instrument to identify children who have or are at risk of developing handicapping conditions. The Miller Assessment for Preschoolers (MAP) is individually administered to children from ages 2 years 9 months to 5 years 8 months. Twenty-seven items are categorized into five subtests: Foundations Index, Coordination Index, Verbal Index, Nonverbal Index, and Complex Tasks Index. The MAP was standardized using a national sample of 1,204 preschool children; 338 of those children participated in the predictive validity study 4 years later. The results of the study support the use of the MAP in classifying children as "at risk" for school problems during their preschool years. Described are the study's sampling procedures, research method, and results. (JDD)

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ABSTRACT VI
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EARLY CHILDHOOD IDENTIFICATION OF HANDICAPPED OR "AT RISK" CHILDREN

Educators have recently emphasized the identification of young handicapped children in the hope that early educational treatment will reduce the need for intensive special services later in the children's educational careers. The Miller Assessment for Preschoolers (MAP) is an early childhood screening instrument to identify children who have or are at risk of developing handicapping conditions. It was standardized in 1980 using a national sample of 1,204 preschool children.

THE MILLER ASSESSMENT FOR PRESCHOOLERS

The MAP is individually administered to children from ages 2 years, 9 months to 5 years, 8 months and is divided among six 6-month age groups. General scoring guidelines for the MAP total score are 0-5%, "refer"; 6-25%, "watch"; and 26-99%, "not at risk." Twenty-seven items are categorized into five subtests: Foundations Index, Coordination Index, Verbal Index, Nonverbal Index, and Complex Tasks Index.

The Miller Assessment for Preschoolers: A Longitudinal and Predictive Study is a 103-page report on the predictive validity of the MAP (i.e., the extent to which the preschool child's results are valid in later years). The study was funded by the Office of Special Education Programs in the U.S. Department of Education and by the American Occupational Therapy Foundation.

SAMPLE

To determine the predictive validity of the MAP, the researchers used a sample of 338 children from the original standardization sample who were followed up 4 years later. The original sample included 1,204 randomly selected children and 90 "at risk" children who were referred to the project by doctors, hospitals, and agencies. The randomly selected children were from all nine Census Bureau regions of the continental United States and were stratified according to age, geographic region, race, sex, and community size. Of the 1,204 children, 338 participated in the predictive validity study (309 "not at risk", 29 "at risk"). At the time of the follow-up, the children's ages ranged from 6 1/2 to 10 years old.

METHOD

School psychologists and occupational therapists collected data using six standardized tests and several more subjective measures. The standardized tests used were:

Wechsler Intelligence Scale for Children Revised
Woodcock-Johnson Psychoeducational Battery
Developmental Test of Visual Motor Integration
Goodenough-Harris Draw a Person Test
Walker Problem Behavior Identification and Teacher and Parent Checklists
Bruininks-Oseretsky Test of Motor Proficiency

The subjective measures included retention in school, teacher and parent ratings, receipt of special services, whether or not the child was in a special class, report card grades, and the Harter Scale of Perceived Competence and Acceptance. The tests

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were administered either at home or at school. Three to four hours of testing were required, and the order of administration of the tests was alternated.

RESULTS

The correlations between the MAP and all of the standardized measures were significant. Results of t-tests indicated that preschoolers who had scored lower on the MAP total test and all the subtests were more likely to be in problem categories as school-aged children, demonstrating the MAP's ability to predict diverse school-related difficulties. In general, the referral rates of the MAP are excellent: The 5% score indicating a need for referral was demonstrated effective in the identification of potential special education students, and the 25% "watch" score was demonstrated effective in the identification of the full range of severe to mild problems.

The results of this study provide a solid foundation for the use of this test in classifying children as "at risk" for school problems during their preschool years.

The Miller Assessment for Preschoolers: A Longitudinal and Predictive Study. June, 1986. 103 pp. Lucy Jane Miller, The Foundation for Knowledge in Development. U.S. Department of Education Grant No. 1232116970A1. Available for $.78 (microfiche) or $9.25 (hard copy), plus postage, from ERIC Document Reproduction Service, 3900 Wheeler Avenue, Alexandria, VA 22304 (1-800-227-3742). Order EC Number 190 996.

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RESEARCH & RESOURCES ON SPECIAL EDUCATION
THE COUNCIL FOR EXCEPTIONAL CHILDREN
1920 ASSOCIATION DRIVE, RESTON, VA 22091